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STATEMENT OF MEB 15 PM 2: 00 **FEC 7018 ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 1ŽFE4M5 COMMITTEE (in full) over the lines. is changed) THE TEXAS, 150, POLITICAL ACTION COMMITTEE ADDRESS (number and street) (Check if address is changed) STATE ZIP CODE CITY **COMMITTEE'S E-MAIL ADDRESS** Hexaspaceconceintain office acom COMMITTEE'S WEB PAGE ADDRESS (URL) COMMITTEE'S FAX NUMBER 17031-15691-19,0041 2008 DATE C **FEC IDENTIFICATION NUMBER** NEW (N) IS THIS STATEMENT OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

	Office Use Only	For further information contact: Federal Election Commission Toli Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 12/2007)
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